

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000043299**

1. Entity Name

CAFE DE PARIS OF KEY WEST INC.



Principal Place of Business

106 DUVAL ST  
KEY WEST, FL 33040

Mailing Address

106 DUVAL ST  
KEY WEST, FL 33040



03032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0674053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLIVES, YAKOV  
106 DUVAL ST  
KEY WEST, FL 33040

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

S

NAME

MATTHEESSEN, BRENT

STREET ADDRESS

183 VENETIAN WAY

CITY - ST - ZIP

SUGARLOAF KEY, FL 33042

TITLE

P

NAME

BLIVES, YAKOV

STREET ADDRESS

106 DUVAL ST.

CITY - ST - ZIP

KEY WEST, FL 33040

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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000000478975  
04/08/06-80026-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06 (305) 296-1616

Date

Daytime Phone #